

POLICY & PROCEDURE	
POLICY TITLE: Prior Authorization of Services	DEPARTMENT/PROGRAM:
EFFECTIVE DATE:	REFERENCE NUMBER:

POLICY: It is the policy of Agency B of Dane County to assure that services received by Partnership participants from external providers are authorized by their Teams.

COMMENTS: For purposes of this policy, an authorized service is a service supplied by an external provider and approved by the Team. An external provider is an organization or an individual not employed by Agency B and under contract to Agency B that supplies a service, a treatment, or equipment to a participant. Supplies and equipment ordered through Agency B's Purchasing Department are not covered in this Policy and Procedure.

PROCEDURE:

1. Refer to Attachment A for a diagram of the authorization procedure.
2. Services are authorized on a calendar-quarter basis (January through March; April through June; July through September; October through December) or in a shorter timeframe, as appropriate. Authorizations must be in the same calendar year and may not span two different years.
3. Teams are responsible for recording all services they authorize/approve for a participant. Only authorized services will be paid by Agency B. Participants must use only providers who have been approved and are part of the Agency B provider network. Complete information must be in VisualPRIME in order for the provider/affiliation to be paid.
4. To assure more effective coordination of services by Teams, participants requesting services listed on Attachment B will make all arrangements for these services with their Team. This allows the Team to offer the provider critical information about the participant's medical condition and plan of care.
5. All alternative services (acupuncture, massage, chiropractic, alternative psych treatments) must be authorized in advance by the Medical Director/Associate Medical Director before the appointment is made or the authorization is entered into VisualPRIME. Any expenditure for services or Durable Medical Equipment (DME) exceeding \$1000 must have prior written authorization by the Medical Director/Associate Medical Director. [Refer to Medical Director Guideline for Prior Authorization form.]
6. Nurse Practitioners, Registered Nurses, and Social Workers only enter into VisualPRIME services that they personally provide (e.g. med teaching, case management, med review, etc.) and do not enter services provided by external providers (e.g. Lifeline, home delivered meals).

Services that generate a bill are entered by the Service Coordinator to ensure proper authorization.

7. "Services Requiring Authorization" [Attachment B] is updated and maintained by the Chief Financial Officer, with consultation and collaboration with Agency B Partnership's Management team.
 - a. A review of services that require prior authorization is performed at least quarterly during the Agency B Partnership's Management meeting.
8. See Attachment C for training materials and instructions for entering authorizations and re-authorizations into VisualPRIME.

Re-authorizations:

1. At least one week prior to the beginning of each quarter, all service authorizations for every participant are reviewed by the Team by considering the following points:

Does participant still need this service? Does participant need this level of service? Do we need to increase or decrease this service? Is this the correct provider and affiliation for this service?

Service authorizations may be reviewed and modified as frequently as the Team deems appropriate but at least once per quarter.

2. Any service authorizations that are stopped/finished/discontinued during the ISP process during the quarter are stopped in VisualPRIME by the Service Coordinator, as of the date the service is no longer needed.

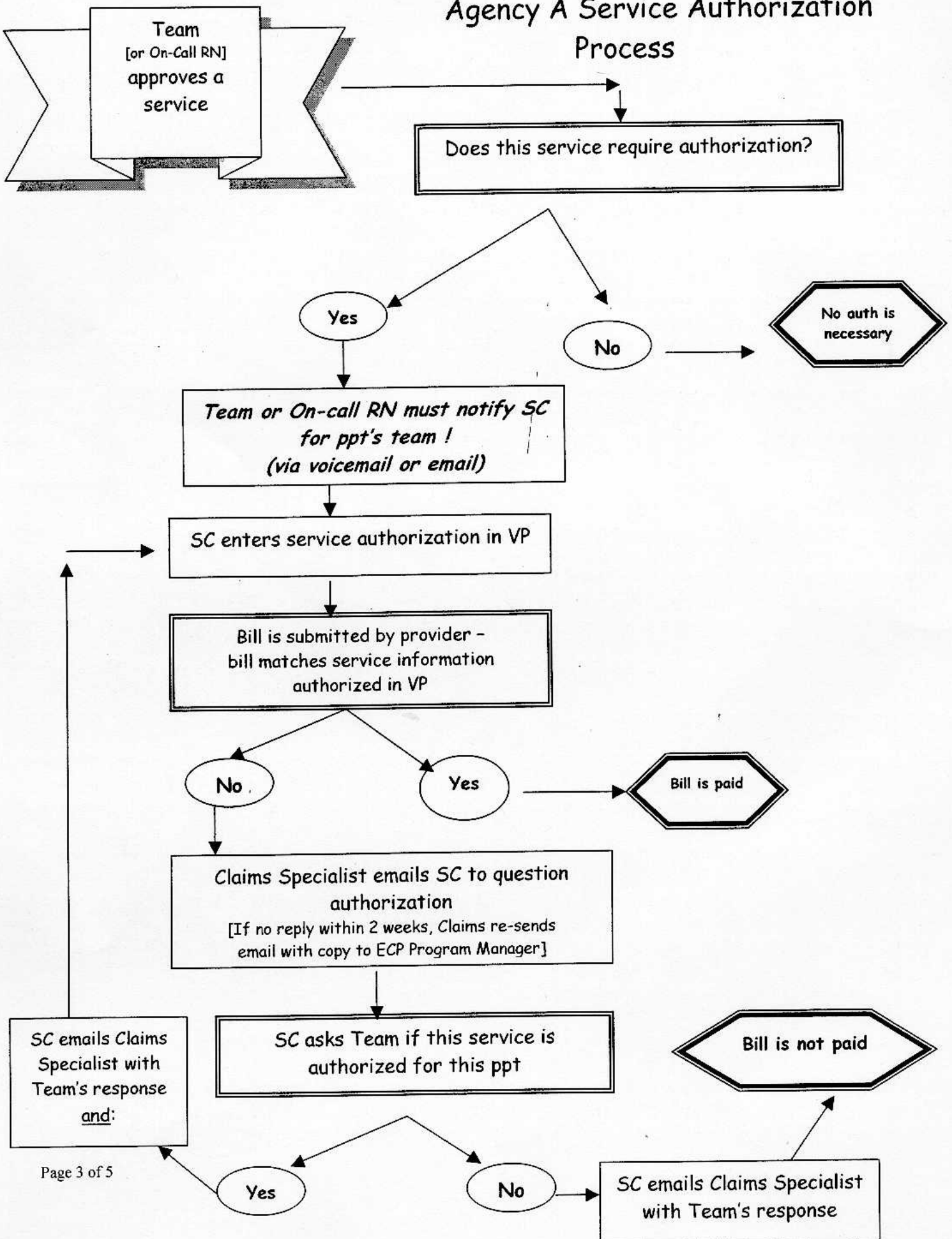
COORDINATION:

Partnership Managers; Service Coordinators; Partnership Teams; Finance/Claims

APPROVED:

Chief Executive Officer

ATTACHMENTS: A. Agency B Service Authorization Process
B. Services Requiring Authorization (July 1, 2002)

Agency A Service Authorization
Process

Attachment B - Services Requiring Authorization

Revisions: 4/25/02

- * “Alternative” psychiatric services [*including sodium amobarbital (Amytal) interview, ECT, biofeedback, hypnotherapy*]
- * Acupuncture
- Adult Day Care (*excluding day centers*)
- Cardiac Rehabilitation
- Case Management (*including financial planning*)
- * Chiropractic Care
- Dental Services
- Endodontists
- Hearing Aids
- Hearing Exam
- Home Health Services (*including private duty*)
- * Hospice Care
- Lifeline
- * Massage Therapy
- Meals [*home delivered or in day center*]
- Neuropsychological testing
- Oral Surgical Services
- Orthotic Devices
- Oxygen and Oxygen Concentrators
- Physical/Occupational Therapy
- Podiatry
- Psychiatry - Inpatient
- Psychiatry - Outpatient
- Respiratory Therapy
- Shoes - including diabetic shoes
- Speech Therapy
- Transportation - non-emergency
- Vision Services - frames, lenses, and contacts
- Vision Services - Exams
- Wheelchair purchases

* require written authorization from Agency B Medical Director

Added as of July 1, 2002

Cleaning Services

Laundry Services